



ENVIRONMENTAL RESOURCES MANAGEMENT  
AIR QUALITY MANAGEMENT DIVISION

SUITE 900

33 SW 2<sup>nd</sup> AVENUE

MIAMI, FLORIDA 33130- 1540

(305) 372-6925

## Stratospheric Ozone Protection Program Annual Operating Permit Application

Under Miami-Dade County law (Section 24-25 of the Code of Miami-Dade County, Florida) no persons shall knowingly vent ozone depleting compounds, such as halons, and refrigerants, into the atmosphere while maintaining, servicing, repairing, or disposing of equipment (fire extinguishing, refrigeration, air conditioning) that use these compounds. The sale and purchase of ODCs shall be lawful only when both the seller and purchaser have applied for and obtained a valid operating permit from the Miami-Dade County, Department of Environmental Resources Management. Approval of recovery and recycling equipment shall be consistent with those currently approved by the U.S. Environmental Protection Agency (Section 608 of the Clean Air Act).

**A fee of \$100.00 must accompany this application. Make checks payable to Miami-Dade County.**

### Instructions:

Please provide the information in full. Submitting this application DOES NOT relieve you of any responsibility for complying with orders issued to you by the CODE ENFORCEMENT SECTION or stop or delay any normal enforcement procedures. Read this application carefully BEFORE you begin to fill it out. Call the Air Section at 372-6925, if there are any questions.

### A. Permit To Be Issued To:

Business Name		Telephone	
Mailing Address	City	State	Zip
Location Address	City	State	Zip
Contact Person:	Title:		
Dade County Occupational License #	(Enclose a copy)		

### B. Permit Requested For:

<input type="checkbox"/> Purchase of refrigerants	<input type="checkbox"/> Salvaging or Dismantling Facility
<input type="checkbox"/> Sale of refrigerants	<input type="checkbox"/> Service Facility (Recharging or Repair)
Does this establishment have any other DERM permits? No <input type="checkbox"/> Yes <input type="checkbox"/> Permit # <input type="text"/>	

### C. Description of Business:

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**D. Description of Recovery/Recycling Equipment:**

Type (Recovery/Recycle)

Manufacturer

Model #

Serial #  
  

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**(Attach additional sheet(s) if necessary)****E. List of EPA Certified Technician(s)/ Type of Certification(s): (Enclose a Copy)**

Name of Technician(s)

Type of Certificate/Company

EPA Certificate #  
  

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**(Attach additional sheet(s) if necessary)****F. List the Type of Refrigerants (being sold or used):**  
  

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The issuing of an AIR POLLUTION CONTROL OPERATION PERMIT for the equipment herein described is subject to FIELD EVALUATION.

Let it be known that any statements shown on this document are made in full knowledge of the contents of Section 21-24.1, Code of Miami-Dade County, titled "False Statements with Intent to Receive Benefit" which states "It shall be unlawful for any person directly or indirectly, on his own behalf or on behalf of another or others, to make or file, with any officer or employee or Department or Division of the County, any false statements or representation with knowledge of the falsity thereof and for the purpose or with the intention of receiving for himself or another or others any benefit, including but not limited to, any permit, license, service, certificate, contract." Conviction of a violation of this section is punishable by a \$500.00 fine or sixty days imprisonment, or both. It is with full understanding of all the above that these statements are made:

I, \_\_\_\_\_  
Name In Print (Owner or Corporate Officer)\_\_\_\_\_  
Titleof \_\_\_\_\_  
Business Name\_\_\_\_\_  
Telephone #\_\_\_\_\_  
Signature\_\_\_\_\_  
DateNotary Public